

Lab#: _____

Description

Are all documentation for comprehensive review present?
Are all the appropriate areas of the drug receipt filled in?
Does the drug receipt reflect the actual evidence (or is discrepancy noted)?
Were the daily negative controls performed?
Were the balances used for analysis documented?
Were the daily balance check performed?
Are all of the notes legible, organized and easy to understand?
Do the notes contain a complete and accurate description of the evidence?
Do the notes correspond to the actual testing performed?
Are all the testing documents included with the file?
Are the weights reported appropriately and are the proper units noted?
Was the correct choice of sampling technique used?
Has the reviewer checked the wieght calculations, if applicable?
Does the preliminary testing criteria meet the lab policy?
Have the appropriate standards and negative controls been run and does the testing agree with the certified reference standard, if confirmed?
Has the control card been filled out accurately and completely?
Are the reported conclusions scientifically supported by the included data?
Is the certificate correct? Do the data, drug analysis form, drug receipt and certificate agree?
Is the certificate signed and dated appropriately?
Is the re-packaging of the evidence according to the policy of the lab?
Do the control card, certificate and evidence agree?

Reviewer: _____

Chemist: _____

Checked

Date: _____

Massachusetts Department of Public Health

Drug Analysis Laboratory

Boston, MA.

Comprehensive Review Checklist

Lab #: _____

Analyst: _____

Review Items	Yes	No	Not Applicable	Comments
A. Are all the documentation for the comprehensive review present?				
1. Copy of Drug Receipt				
2. Copy Control Card				
3. Copy of Daily Balance Sheet				
4. Copy of Daily Negative Control Sheet				
5. Drug Analysis Form				
6. Copy of MS Tracking Sheet				
7. Copy of MS Sequence Sheet				
8. Copy of Tune Report				
9. Raw Data				
10. Copy of Certificate of Analysis				
B. Preliminary Test				
Daily Balance Check Accepted				
Negative Control Check Accepted				
Are all of the notes legible, organized and easy to understand?				
Do the notes contain a complete and accurate description of the evidence?				
Color Test Performed & Accepted				
Microcrystalline Test Performed & Accepted				
Verify Sampling Technique				
Verify Math Calculations				
Net Weight Documented				
Are the weights reported appropriately and are the proper units noted?				
Macroscopic Test Performed & Accepted				
Microscopic Test Performed & Accepted				
Micromedex Match Accepted				
Literary Search Match Accepted				
UV-Vis Test Performed & Accepted				
GC # _____ Test Performed & Accepted				
HPLC Test Performed & Accepted				

Massachusetts Department of Public Health
Drug Analysis Laboratory
 Boston, MA.

Comprehensive Review Checklist

Lab #: _____

Analyst: _____

Review Items	Yes	No	Not Applicable	Comments
C. Confirmatory Test (if applicable)				
Instrumentation				
GC/MS #				
Tune Performed & Accepted				
QC Mix Present & Accepted				
MS Sequence Log Accepted				
Opening Standard/s Present & Accepted				
Closing Standard/s Present & Accepted				
Negative Control/s Present & Accepted				
MS Tracking Log Accepted				
Negative Control/s Present & Accepted				
Sample Retention Time Accepted				
Sample Library Search Accepted				
Sample Spectral Interpretation Match Accepted				
LC/MS/MS #				
Tune Performed & Accepted				
QC Mix Present & Accepted				
MS Sequence Log Accepted				
Opening Standard/s Present & Accepted				
Closing Standard/s Present & Accepted				
Negative Control/s Present & Accepted				
MS Tracking Log Accepted				
Negative Control/s Present & Accepted				
Sample Retention Time Accepted				
Sample Library Search Accepted				
Sample Spectral Interpretation Match Accepted				
IR #				
Internal Polystyrene Present & Accepted				
Standard Present & Accepted				
Negative Control/s Present & Accepted				

Massachusetts Department of Public Health

Sample Library Search Accepted		Drug Analysis Laboratory		
Sample Spectral Interpretation Match Accepted		Boston, MA.		

Comprehensive Reveiw Checklist

Lab#: _____ Analyst: _____

Review Items	Yes	No	Not Applicable	Comments
D. Reporting				
Drug Receipt Completed & Correct				
Control Card Completed & Correct				
Drug Analysis Form Completed & Correct				
Certificate of Analysis Completed & Correct				
Evidence Envelope Completed & Correct				
Evidence Packaging Completed & Correct				

Identification of Substance:

Reviewer Signature:

Date: _____

Review Items	N/A	Yes	No	Cocaine	Heroin	Rx	Marijuana/Cannabis	Other
A. Documentation								
Drug Receipt								
Control card								
Envelope								
B. Preliminary Test								
Balance Check								
Negative Control Check								
Color Test Results								
Crystals								
UV-Vis								
GC # _____								
HPLC								
Macroscopic								
Microscopic								
Micromedex Match								
Literary Search Match								
Calculations								
Net Weight								
C. Confirmatory Test								
Instrument								
GC/MS # _____								
Tune Present & Accepted								
QC Mix Present & Accepted								
Sequence Setup								
Opening Standard/s Present & Accepted								
Closing Standard/s Present & Accepted								
Blank/s								
MS Control Sheet Present								
Blank/s								
Retention Time Acceptance								
Library Search > 90%								
Spectral Interpretation Match								
LC/MS/MS # _____								
Tune Present & Accepted								
QC Mix Present & Accepted								
Sequence Setup								
Opening Standard/s Present & Accepted								
Closing Standard/s Present & Accepted								
Blank/s								
MS Control Sheet Present								
Blank/s								
Retention Time Acceptance								
Library Search > 90%								

Spectral Interpretation Match							
IR #							
Internal Polystyrene Present & Accepted							
QC Present & Accepted							
Blank/s							
Library Search							
Spectral Interpretation Match							
D. Reporting							
Control Card							
Certificate of Analysis							

Identification of Substance: _____

Review Items	N/A	Yes	No	Opiates	Stimulants	Depressants	Hallucinogens	Marijuana/Cannabis	Steroids	Inhalants	Others
A. Documentation											
Drug Receipt											
Control card											
Envelope											
B. Preliminary Test											
Balance Check											
Negative Control Check											
Color Test Results											
Crystals											
UV-Vis											
GC # _____											
HPLC											
Macroscopic											
Microscopic											
Micromedex Match											
Literary Search Match											
Calculations											
Net Weight											
C. Confirmatory Test											
Instrument											
GC/MS # _____											
Tune Present & Accepted											
QC Mix Present & Accepted											
Sequence Setup											
Opening Standard/s Present & Accepted											
Closing Standard/s Present & Accepted											
Blank/s											
MS Control Sheet Present											
Blank/s											
Retention Time Acceptance											
Library Search > 90%											
Spectral Interpretation Match											
LC/MS/MS # _____											
Tune Present & Accepted											
QC Mix Present & Accepted											
Sequence Setup											
Opening Standard/s Present & Accepted											
Closing Standard/s Present & Accepted											
Blank/s											
MS Control Sheet Present											
Blank/s											
Retention Time Acceptance											
Library Search > 90%											

Spectral Interpretation Match									
IR #									
Internal Polystyrene Present & Accepted									
QC Present & Accepted									
Blank/s									
Library Search									
Spectral Interpretation Match									
D. Reporting									
Control Card									
Certificate of Analysis									

Identification of Substance: _____